

**EXTRA WORK BILL (SHORT FORM)**

CEM-4902 (OLD HC-24C REV.7/94) CT# 7541-3500-8

**CLAIM****CASEWB 15.0**

Contract No. <b>04-0120L4</b>															Report No. <b>001</b>				
01	Date Performed <b>11/12/07</b>	Date of Report <b>3/19/08</b>	Cost Job No. <b>307C</b>	Cont. Rpt. No. <b>15.0</b>	FA <b>X</b>	LS <b>+</b>	UP <b>+</b>	FA <b>+</b>	LS <b>+</b>	UP <b>+</b>	BR <b>Y</b>	50% <b>N</b>	Sub <b>N</b>	R/W <b>N</b>	Partnering <b>N</b>	Labor <b>SUR 13</b>	WCI Class	WCI Rate	
02	Work Performed By <b>MCM Construction, Inc.</b>																	<b>\$7,115.06</b>	
03	Description of Work <b>Purchase Twelve 1" HR Steel Plates</b>																		
<b>Equipment Charges</b>																			
	Equip ID Number	Equipment Description				Regular Hours		Overtime Hours		<b>For Resident Engineers Only</b>  <input type="checkbox"/> New Bill <input type="checkbox"/> Approved for Payment  <input type="checkbox"/> Resubmittal <input type="checkbox"/> Returned for Correction  Date Received                      Date of Action									
		Class	Make	Code	Attach														
04																			
05																			
06																			
07																			
08																			
09																			
10																			
<b>Material and/or Work Done by Specialist or Lump Sum or Unit Price Payments</b>																			
<b>\$7,115.06</b>																			
24	Vendor Name <b>Primary Steel</b>										Invoice Number <b>421176</b>				Mo/Day/Yr <b>11/12/07</b>				
	Invoice Description <b>Purchase Steel Plates</b>										Units <b>1.000</b>		Unit Cost or Net Pay <b>6,187.01</b>						
25	Vendor Name										Invoice Number				Mo/Day/Yr				
	Invoice Description										Units		Unit Cost or Net Pay						
<b>Labor Charges</b>																			
	Craft ID	Labor Name			Labor Regular Hours			Overtime Hours			Subsistence								
		Int	Last		Hrs	Rate		Hrs	Rate		Units	Rate							
34																			
35																			
36																			
37																			
38																			
39																			
40																			
Signature (Resident Engineer)										In Case of Question Contact: (Resident Engineer's Use Only)  Name                      Business Phone									
Signature (Prime Contractor's Representative)																			



# Gary Steel Division

11919 SMITH AVE.  
P.O. BOX 3108  
SANTA FE SPRINGS, CA 90670  
TEL: (562) 906-2020  
FAX: (562) 906-2006  
sfs@primarysteel.com

1699 W. GRAND AVE.  
OAKLAND, CA 94607  
TEL: (510) 251-0900  
FAX: (510) 251-0931  
oak@primarysteel.com

CUSTOMER COPY

## INVOICE

PLEASE REMIT TO:

P.O. BOX 41250  
LOS ANGELES, CA 90074-1250

#15

DATE	INVOICE NUMBER
11/13/07	0 421176
CUSTOMER P.O. NUMBER	
23856N	
F.O.B.	
SHIP DATE	SHIPPED VIA
11/12/07	CUST. TRK
TERMS	
1/2% 10DAYS N30	

SOLD TO

M C M CONSTRUCTION INC  
ATTN: A/P  
6413 32ND ST  
NORTH HIGHLAND CA 95660

SHIPPED TO

SAME AS SOLD  
TO UNLESS  
OTHERWISE  
SPECIFIED

MCM CONSTRUCTION INC  
ATTN: CHRIS SMITH  
450 BURMA RD  
OAKLAND CA

CUSTOMER# 1776-02

ITEM NO.	QUANTITY	DESCRIPTION	EXTENSION QUANTITY	UNIT PRICE	UNIT	AMOUNT
1.01	12	1" HR STEEL PLATE BURN 15 TOL. +/- 1/16 X 192 A36	12.00	478.50	EA	5,742.00
<p>POST DATE <u>12/07</u> VENDOR ID <u>16445</u> INV. # <u>421176</u> INV. DATE <u>11/13/07</u> AMOUNT <u>6187.01</u> PO # <u>23866</u> DUE DATE <u>1/10/08</u> ACCOUNT # <u>40600</u> JOB # <u>307</u> COST CODE <u>1401</u> INV. AMOUNT <u>6187.01</u> DISCOUNT _____ DATE ENTERED _____</p> <p>Potential CCO</p> <p>RECEIVED NOV 16 2007 BON MAIN OFFICE</p> <p>** PLEASE REMIT TO ** FILE NO 41250 LOS ANGELES CA 90074-1250 IF PAID BY 11/23/07 DISCOUNT IS \$28.71</p>						
NET AMOUNT						5,742.00
SALES TAX 7.75%						445.01
TOTAL DUE THIS INVOICE						6,187.01

hereby certify that the goods (except imported goods) covered by this invoice were produced in compliance with all applicable requirements of the Fair Labor Standards Act, as amended, including Sections 6, 7 and 12 thereof. And all the regulations and orders of United State Department of Labor issued under Section 14 thereof.

We agree to replace material found defective for the purchase for which it is sold. Claims must be made within 5 days after receipt of goods. No material that has been cut or fabricated can be returned for credit. Reasonable attorney fees will be charged for the collection of past due accounts.

## PURCHASE ORDER

MCM CONSTRUCTION, INC.

23866 N

P.O. BOX 620

NORTH HIGHLANDS, CA 95660-0620

PHONE (916) 334-1221 FAX (916) 334-8355

JOB NO. 307DATE 1/1, 20 07TO PRIMARR STEEL

ADDRESS \_\_\_\_\_

CITY DAYTON

PHONE \_\_\_\_\_

SHIP TO \_\_\_\_\_

ADDRESS \_\_\_\_\_

COST CODE 1401

DATE REQUIRED \_\_\_\_\_

HOW SHIP \_\_\_\_\_

TERMS \_\_\_\_\_

	QUANTITY	UNIT	PLEASE SUPPLY ITEMS LISTED BELOW	PRICE
1	12	EA	15" X 1" X 16'	5712
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				16137.2

**IMPORTANT**

OUR ORDER NUMBER MUST APPEAR  
ON ALL INVOICES—PACKAGES, ETC.  
PLEASE NOTIFY US IMMEDIATELY IF  
YOU ARE UNABLE TO SHIP COMPLETE  
ORDER BY DATE SPECIFIED.

Purchaser's Signature

23866N

OFFICE COPY